



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOLID WASTE MANAGEMENT PROGRAM

**2008 ASSESSMENT INVENTORY FORM 3.1 – 3.2 YARD WASTE COLLECTION**

**Please complete one form for each service provider.**

SOLID WASTE MANAGEMENT REGION		SOLID WASTE MANAGEMENT DISTRICT NAME																			
SERVICES FOR (NAME OF COUNTY OR CITY)																					
<b>3.1 RESIDENTIAL CURBSIDE YARD WASTE COLLECTION</b>																					
<b>Curbside collection provided by:</b> <input type="checkbox"/> City /County <input type="checkbox"/> City/Co. contract with private hauler <input type="checkbox"/> Private <input type="checkbox"/> Non-profit <input type="checkbox"/> District <input type="checkbox"/> Other:																					
NAME		TELEPHONE WITH AREA CODE																			
MAILING ADDRESS	CITY	STATE	ZIP CODE																		
<b>Collection includes: (check all that apply)</b> <input type="checkbox"/> Leaves <input type="checkbox"/> Grass <input type="checkbox"/> Brush <input type="checkbox"/> Limbs / tree trimmings <input type="checkbox"/> Christmas trees <input type="checkbox"/> Other (please describe)																					
<b>How often are materials collected?</b> <input type="checkbox"/> Same as regular trash <input type="checkbox"/> Fall only <input type="checkbox"/> Spring only <input type="checkbox"/> Fall and Spring <input type="checkbox"/> Other (please describe)																					
<b>Yard Waste is taken to:</b> NAME: LOCATION:																					
<b>At this site, the yard waste is</b> <input type="checkbox"/> Ground into mulch <input type="checkbox"/> Composted <input type="checkbox"/> Other (describe)																					
<b>Is there a fee charged for curbside collection?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: \$   per   (week, month, quarter, etc.)																					
<b>What year was curbside yard waste collection established?</b> <table border="0"><tr><td><input type="checkbox"/> Before 1990</td><td><input type="checkbox"/> 1991</td><td><input type="checkbox"/> 1992</td><td><input type="checkbox"/> 1993</td><td><input type="checkbox"/> 1994</td><td><input type="checkbox"/> 1995</td><td><input type="checkbox"/> 1996</td><td><input type="checkbox"/> 1997</td><td><input type="checkbox"/> 1998</td></tr><tr><td><input type="checkbox"/> 1999</td><td><input type="checkbox"/> 2000</td><td><input type="checkbox"/> 2001</td><td><input type="checkbox"/> 2002</td><td><input type="checkbox"/> 2003</td><td><input type="checkbox"/> 2004</td><td><input type="checkbox"/> 2005</td><td><input type="checkbox"/> 2006</td><td><input type="checkbox"/> 2007</td></tr></table>				<input type="checkbox"/> Before 1990	<input type="checkbox"/> 1991	<input type="checkbox"/> 1992	<input type="checkbox"/> 1993	<input type="checkbox"/> 1994	<input type="checkbox"/> 1995	<input type="checkbox"/> 1996	<input type="checkbox"/> 1997	<input type="checkbox"/> 1998	<input type="checkbox"/> 1999	<input type="checkbox"/> 2000	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	<input type="checkbox"/> 2003	<input type="checkbox"/> 2004	<input type="checkbox"/> 2005	<input type="checkbox"/> 2006	<input type="checkbox"/> 2007
<input type="checkbox"/> Before 1990	<input type="checkbox"/> 1991	<input type="checkbox"/> 1992	<input type="checkbox"/> 1993	<input type="checkbox"/> 1994	<input type="checkbox"/> 1995	<input type="checkbox"/> 1996	<input type="checkbox"/> 1997	<input type="checkbox"/> 1998													
<input type="checkbox"/> 1999	<input type="checkbox"/> 2000	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	<input type="checkbox"/> 2003	<input type="checkbox"/> 2004	<input type="checkbox"/> 2005	<input type="checkbox"/> 2006	<input type="checkbox"/> 2007													
<b>Has service changed in the last two years?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, number of households served increased (Describe) _____ <input type="checkbox"/> Yes, materials were added to the collection: (Describe) _____ <input type="checkbox"/> Yes, materials were dropped: (Describe) _____ <input type="checkbox"/> Other:																					
Please use reverse side for Drop-off Yard Waste Collection Services																					

Please complete one form for each service provider.

### 3.2 DROP-OFF YARD WASTE COLLECTION

**Yard Waste Drop-off points provided by:**

☐ City /County    ☐ City/Co. contract with private    ☐ Private    ☐ Non-profit    ☐ District    ☐ Other:

NAME		TELEPHONE WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE

**Collection includes: (check all that apply)**

☐ Leaves    ☐ Grass    ☐ Brush    ☐ Limbs / tree trimmings    ☐ Christmas trees  
☐ Other (Describe)

**At this site, the yard waste is**

☐ Ground into mulch  
☐ Composted  
☐ Other (describe)

**Location(s) of Drop-off Site(s):**

**Is access restricted?**    ☐ No    ☐ Yes (Describe)

**When are materials accepted?**

☐ Fall only    ☐ Spring only    ☐ Fall and Spring    ☐ All year    ☐ Other (please describe)

**What year was Drop-off yard waste collection site established?**

☐ Before 1990    ☐ 1991    ☐ 1992    ☐ 1993    ☐ 1994    ☐ 1995    ☐ 1996    ☐ 1997    ☐ 1998  
☐ 1999    ☐ 2000    ☐ 2001    ☐ 2002    ☐ 2003    ☐ 2004    ☐ 2005    ☐ 2006    ☐ 2007

**Has service changed in the last two years?**

☐ No  
☐ Yes, operating hours were expanded / shortened (circle one)  
☐ Yes, materials were added: \_\_\_\_\_  
☐ Yes, materials were dropped: \_\_\_\_\_  
☐ Yes, more drop-off locations added  
  
☐ Other: